

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

C9/380351

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						61						
2		1					62						
3		2					63						
4		2					64						
5		2					65						
6		2					66						
7		2					67						
8		2					68						
9		2					69						
10		2					70						
11		2					71						
12		2					72						
13		2					73						
14		2					74						
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33		2					93						
34		2					94						
35		2					95						
36		2					96						
37		2					97						
38		2					98						
39		2					99						
40		2					100						
41		2											
42		2											
43		2											
44		2											
45		2											
46		2											
47		2											
48		2											
49		2											
50		2											
TOTAL IND.							TOTAL IND.						
TOTAL DEP.							TOTAL DEP.						
TOTAL CLAIMS							TOTAL CLAIMS						